INTERSTATE COMPACT ON JUVENILES OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN



Entering Residential Treatment Vacation Only Visit for testing placement

(Receiving State) FROM:(Name & Title) Re:		FROM:	(Sending	g State)	
(Receiving State) FROM:(Name & Title)	(Age			g State)	
		ency/Departmen			
		псу/рераппен	+ \	(Dhone	
Φ.	(DO		l)	(Phone	<i>: ++)</i>
e:(Juvenile's Name)	,	В)		(Race/Sex)	
(Offense) (Cou	ırt/Agency #)	 	(Legal S	tatus)	
		esidential oster Care	☐Comn ☐Other	nunity (Specify)	
ocation:(Address)					
ermission is granted to the above –named	d juvenile to visit the	e State of	·····		
rom:Until: (Date) (Date		e will be staying	with:	(Name & Relatio	nship)
(Full Address) (City	y) (Star	te) (Zip)	(Phone	2 #)
eason for Visit::					
lode of Transportation:					
pecial Instructions:					· · · · · · · · · · · · · · · · · · ·
ompleted by:					
understand, recognize that I am understand, recognize that I am understand the State of on on nderstand that my failure to comply warrant and requisition may be issued ction.	. I here ar volu	dy/jurisdiction by agree that nd with the abountarily and w may result in	of the State of_ I will comply wove conditions a ithout further for my being cons	ith the rules an and instructions ormality. In sig idered absent w	d regulations of my state . I will return to the State ining this agreement, I a vithout leave (AWOL), an
I have read the above OR ☐I have had	the above read and	d explained to m	e, and I understa	nd the meaning o	f it and agree thereto.
			(Juvenile's Sign	nature)	(Date)
/itnessed by:(Signature of Casewo	orker or Probation	n/Parole Office	r)		(Date)
upervisor:(Signature of Supervi					
(Signature of Supervi	sor)			(Date)	1
CJ Approval:(Deputy Compact Add	ministrator)		(Date)		
Director Approval:(Patty Ware_Director					

ICJ FORM A Revised (6/03)